									PATIENT'S DEPOSIT RECORD For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.						
								I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may and should deposit same in the patient trust fund.							
								I do do not wish to make a deposit at this time.							
								-							
								Patient's signature (or witness's, if patient is unable to sign)							
PATIENT'S IDENTIFICATION (For plate imprint, typewriter or hand)									FUNDS & VALUABLES RECEIVED IN FULL (Patient's or witness's signature and date)						
						IDS									
DA	ΛTE	С	DEPOSITS WI			WALS	3		BALANCE			SI	GNATURE		
VALUABLES															
NUMBER		DESCRIPTION OF VALUABLES					DATE	:	DEPOSITS SIGNATURE			WITHDRAWALS DATE SIGNATURE (Patient or			
						DAIL			(Custodian)			DAIL	intermediate indi	vidual)	
						-									